

INSTRUCTIONS FOR FILING AN APPLICATION FOR APPEAL OF PLANNING COMMISSION CERTIFICATION OF AN EIR

WHO MAY APPEAL

Any person may file.

TIME LIMIT

A complete Notice of EIR Appeal (see back page) must be filed in person at Room 400, City Hall no later than 5 p.m. on the **third business day** following the day the Planning Commission certifies an EIR. (21.07.040)

APPEAL REQUIREMENTS

1. A complete Notice of EIR Appeal including the following within the appropriate time limit:
 - a. Application filing fee, (see Filing Fee Schedule).
 - b. The appeal shall state with specificity the reasons that the final EIR should be found not to be complete or not to have been prepared in compliance with the requirements of CEQA.
 - c. No appeal shall be considered unless it is based on issues which were raised at the public hearing either orally or in writing prior to the public hearing. (21.07.040C)

PROCESSING SCHEDULE

Planning Staff:

- Checks the application for completeness.
- Logs and collects fees.
- Sets a public hearing date before City Council and places the item in the agenda.
- Prepares a recommendation to the City Council.

City Council:

- considers and acts upon the appeal in a public hearing.

PLEASE NOTE: THIS APPLICATION MUST BE HAND-DELIVERED TO ROOM 400, CITY HALL ANNEX.

Mondays, Wednesdays, Fridays from 9:00 a.m. to 5:00 p.m. or Tuesdays, Thursdays from 10:00 a.m. - 5:00 p.m.

NOTICE OF EIR APPEAL

TO BE COMPLETED BY PLANNING STAFF			
FILE NUMBER		RECEIPT # _____	
NAME OF EIR		AMOUNT _____	
		DATE _____	
		BY _____	
TO BE COMPLETED BY PERSON FILING APPEAL			
PLEASE REFER TO EIR APPEAL INSTRUCTIONS BEFORE COMPLETING THIS PAGE. THE UNDERSIGNED RESPECTFULLY REQUESTS AN APPEAL FOR THE FOLLOWING EIR:			

REASON(S) FOR APPEAL (For additional comments, please attach a separate sheet.):			

PERSON FILING APPEAL			
NAME		DAYTIME TELEPHONE ()	
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE		DATE	
CONTACT PERSON (IF DIFFERENT FROM PERSON FILING APPEAL)			
NAME			
ADDRESS	CITY	STATE	ZIP CODE
DAYTIME TELEPHONE ()	FAX NUMBER ()	E-MAIL ADDRESS	

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